

222

**ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS**

should preferably be made  
who made the original.)

**SUPPLEMENTARY REPORT OF BIRTH**

County Register No.\*

Birth Pima Arizona No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration district)

Sex	Twin* Triplet or other?	and { Number* in order of birth
le		

IRTH\* Sept 19 5  
[Month] [Day] [Year]

FATHER Charles Kirby

MOTHER Clara Lorena Pulaipher

I HEREBY CERTIFY that the child described herein  
has been named

Olivia Bell Kirby  
[Give name in full] [Surname]

[Signature] Charles Kirby

R.C. Dryden  
(Physician or Midwife)

ms to be entered by the local registrar before giving out this form.

omplemental reports of births may be obtained from the local registrar.

istrars must mail supplemental reports immediately to county registrar.

County registrars must mail with original certificate on

following month.

628-919-377